

CRITERIA FOR PRIOR AUTHORIZATION

Teriflunomide

PROVIDER GROUP Pharmacy
Professional

MANUAL GUIDELINES The following drug requires prior authorization:
Teriflunomide (Aubagio®)

CRITERIA FOR MULTIPLE SCLEROSIS (MS) Must meet all of the following:

- Patient must have a diagnosis of multiple sclerosis
- Patient must be 18 years of age or older
- Must be prescribed by or in consultation with a neurologist
- Patient must not take leflunomide concurrently
- Female patients must use contraception concurrently with Aubagio and must have a negative pregnancy test within 30 days prior to initiation of therapy
- Patient must be evaluated for latent tuberculosis (TB) with a TB skin test prior to initial prior authorization approval
- Dose should not exceed 1 tablet per day

LENGTH OF APPROVAL 1 year